

Michigan Alcohol Screening Test (MAST)

Question:	Yes	No
1. Do you feel you are a normal drinker?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever awakened the morning after drinking the night before and found that you could not remember a part of the evening?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does any near relative or close friend ever worry or complain about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you stop drinking without difficulty after one or two drinks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ever feel guilty about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever gotten into physical fights when drinking?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has drinking ever created problems between you and a near relative or close friend?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any family member or close friend gone to anyone for help about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever lost friends because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever gotten into trouble at work because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever lost a job because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you drink before noon fairly often?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have liver trouble such as cirrhosis?	<input type="checkbox"/>	<input type="checkbox"/>
16. After heaving drinking have you ever had delirium tremens (D.T.'s)?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever gone to anyone for help about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever been hospitalized because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
19. Has your drinking ever resulted in your being hospitalized on a psychiatric ward?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever gone to a doctor, social worker, clergyman, or mental health clinic for help with any emotional problem in which drinking was part of the problem?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been arrested more than once for driving under the influence of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever been arrested, even for a few hours because of other behavior while drinking? (If yes, how many times? _____)	<input type="checkbox"/>	<input type="checkbox"/>

See next page to Score Test

Scoring the MAST Test:

Please score one point each time you answered questions 1-22 the following way:

- | | | | |
|--------|--------|--------------------|-------|
| 1. No | 2. Yes | 3. Yes | 4. No |
| 5. Yes | 6. Yes | 7. Through 22: Yes | |

Add up the scores and compare to the following score card:

- | | |
|-----------|---------------------------------|
| 0 - 2 | No apparent problem |
| 3 - 5 | Early or middle problem drinker |
| 6 or more | Problem drinker |